| Utah |
|-------------|
| Department |
| of Health |

QUALITY AWARD

\$50

| Presented to: | | Recipient EIN: |
|------------------|------------------------------------|--|
| Division/Office: | | Recipient Org: |
| Thank you for: | | |
| | | |
| From: | | Date: |
| Division/Office: | | Issuer Org: |
| Signature: | Bureau Director of Billing Low Org | Billing Low Org: |
| | | Submit Award to Finance for Processing |
| \$50 | Control Numbe | Entered into Payroll By: Date: |
| | | |

| Utah Department of Health | QUALITY AWAR | \$50 |
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| Division/Office: | | Recipient Org: |
| Thank you for: | | |
| | | |
| From: | | Date: |
| Division/Office: | | Issuer Org: |
| Signature: | Bureau Director of Billing Low Org | Billing Low Org: |
| \$50 | Control Number | Entered into Payroll By: Date: |